

**Washington State Department of Health  
Tobacco Disparities Advisory Committee Meeting Notes  
April 15, 2005  
10:00am-2:30pm**

**DRAFT**

Present: Leslie C. Benoit, Kelly Bolson, Mary Dzieweczynski, Ricardo Garcia, Nichole Hildebrandt, Elaine Ishihara, Mandy Ma, Dawn Maloney, Nancy Meyer, Carrie Nass, Katharine Sanders, Cheri Stoker, Rudy Vasquez  
Facilitator: Ira SenGupta; Recorder: Alyssa Sampson  
DOH staff: Carla Huyck, Mike Boysun, Paul Davis, Julia Dilley, Dave Harrelson, Elisabeth Long, Terry Reid, Linc Weaver  
Also: Clarence Spigner, UW

Agenda Item	Key Content/Discussion Points	Outcome/Action to be Taken
<b>Welcome and Introduction to Tobacco-related Health Disparities</b> Ira SenGupta TDAC Facilitator, Cross Cultural Health Care Program	<ul style="list-style-type: none"><li>• Agenda discussed</li><li>• Group agreements revisited:<ul style="list-style-type: none"><li>--Advocacy for one's community is fine but when communities compete, that's inappropriate in this group</li><li>--Members should represent all underserved communities in the state for the common good—global view of issues discussed</li><li>--Pledge to listen and respect others' opinion. If conflict arises, agenda time must be allowed to deal with it.</li></ul></li><li>• A TDAC member: We are here to advise., but we will need feedback on what the state tobacco program is doing with our advice. Dave committed to follow a process used with the Cross Cultural Workgroup on Tobacco (the group prior to TDAC) to ensure this occurs.</li><li>• A TDAC member noted that she had sent comments to the January minutes but they weren't reflected in the final minutes. Staff committed to check into what occurred and make changes as needed</li><li>• Ira presented some materials on tobacco-related health disparities from the book <i>Unequal Treatment</i>; She also spoke about the important of framing the TDAC's agendas so they are linked to the tobacco program's strategic plan to address health disparities. Role of TDAC: develop recommendations toward activity implementation and to serve as ambassadors for the Tobacco program's efforts in addressing tobacco-related health disparities.</li></ul>	

	<ul style="list-style-type: none"> <li>Ira announced that DOH was willing to provide an orientation/Tobacco 101 training for the new members of TDAC to bring them up-to-speed. Members will be contacted to assess interest and set a date.</li> </ul> <p><i>Handouts: PowerPoint notes, Agenda, January 28 Meeting Minutes</i></p>	
<b>Getting to Know You and Your Work</b> Ira SenGupta, TDAC Members	<ul style="list-style-type: none"> <li>Ira lead a group exercise to all members to get to know each other better and about each other's work.</li> </ul> <p><i>Handouts: none</i></p>	
<b>Presentation: State Tobacco Program Assessment and Evaluation: Data and Processes</b> Clarence Spigner, PhD, UW <a href="mailto:clspigner@u.washington.edu">clspigner@u.washington.edu</a> 206-616-2948  Mike Boysun, Epidemiologist, DOH <a href="mailto:mike.boysun@doh.wa.gov">mike.boysun@doh.wa.gov</a> 360-236-3761  Julia Dilley, epidemiologist, DOH <a href="mailto:Julia.dilley@doh.wa.gov">Julia.dilley@doh.wa.gov</a> 360-236-3632	<b>See Handout (powerpoint attached)</b>	
<b>Use of Data by the Tobacco Program</b> Terry Reid, Tobacco Program Manager, DOH	<p>Calls to the Quitline have increased in recent months as a result of DOH's promotion of the Quitline and free NRT (nicotine replacement therapy) to 18-29 year old calls, whether they have insurance or not. The campaign started in Spokane with a local radio dj sharing his quitting experience live on the air. The dramatic increase in calls across age groups, and race and ethnicity demonstrates the power of using grassroots campaigns. This success is leading the state tobacco program to investigate how its paid media dollars are being used. Its likely that funds used to purchase paid advertising to promote the Quitline may be used to support more grassroots efforts in SFY 2006.</p> <p>With BRFSS data showing that smoking rates are not declining in various underserved populations, DOH will consider changes in how funds are being used, and how they should be used to address health disparities.</p> <p><i>Handouts: Tobacco Prevention and Control Program Progress Report March 2005;</i></p>	
<b>Quitline Discussion/Q&amp;A</b> TDAC Members	<p><b>Q:</b> TDAC member; Does Quitline count new users vs old users?</p> <p><b>A:</b> Yes, they register callers, so they know when they get repeat callers.</p>	DOH will prepare population-specific data fact sheets and will

	<p><b>Comment:</b> TDAC member: Appreciated the data, but had been working on tobacco issues for 15 years but was unaware of this information was being gathered. He indicated he and others in underserved communities could help DOH reach out to communities in the future through community, media, churches.</p> <p><b>Comment:</b> TDAC member: The NW Portland Area Indian Health Board has been collecting data, from two tribes, and would be happy to share it with DOH.</p> <p>DOH indicated that this data has been gathered for several years, but it's been hard to draw conclusions due to small sample size in minority communities. The "over-sampling" is producing new information and is still being analyzed</p> <p><b>Q:</b> On previous BRFSS, did people in these different groups get information ahead of time about the survey so they could spread the word, create an environment in which more people are willing to respond?</p> <p><b>A:</b> DOH hasn't done this, but acknowledges it would be a good idea. This year, DOH is sending letters to people telling them that they might get called. The tribal process also included this. Educating the community ahead of time may increase participation if the members of communities know that the survey questions are important to increasing resources in their community. DOH has learned that education is most effective when it comes from someone within the community. DOH would like to talk with TDAC about how this can be done most effectively.</p> <p><b>Comment:</b> TDAC Members were happy to hear about the grassroots emphasis. DOH needs to work with communities to develop culturally relevant media materials.</p> <p><b>Comment:</b> DOH is doing further analysis on urban versus rural data. TDAC members stated it needed to be broken down by county—the state shouldn't be the I-5 corridor. DOH responded that sufficient numbers of people were surveyed in all counties so that county-based data could be provided; however, it was not possible to provide county data for various racial/ethnic groups due to sample size in most counties.</p> <p><b>Comment:</b> TDAC Members - The visuals on the progress report are diverse, but the content doesn't describe the work that still needs to be done to reduce tobacco use in underserved and high risk populations (as shown in the data). This is needed to demonstrate the need for continued funding.</p> <p><i>Handouts: none</i></p>	<p>strategize with TDAC and its disparities contractors on ways to disseminate the data and describe to communities why participating in BRFSS is important.</p>
<p><b>Working Towards Eliminating Health Disparities: Working in the Communities</b></p>	<p>Dave Harrelson:</p> <ul style="list-style-type: none"> <li>• Cross-cultural leadership institute</li> <li>* Tobacco 101 in April</li> </ul>	<p>None</p>

<p>Dave Harrelson, Selected Disparities Contractors</p>	<p>* May, 4-day institute in Methow Valley modeled after a CA group's program called APPEAL. The model was tailored for WA. WA is the first to do this training cross culturally. It includes 4 days about collaboration, leadership, facilitating processes. Contractors identified 2 team leaders and 5 "fellows" to attend. All who attend do so with the expectation that they will take on a tobacco prevention or cessation project during the following state fiscal year, funded through the tobacco program's disparities contractors.</p> <ul style="list-style-type: none"> <li>July-December 2004, the five disparities contractors developed strategic plans to guide their contract work in the future</li> </ul> <p>The disparities contractor communities reported on their activities:</p> <p>Ricardo Garcia: Latino community</p> <ul style="list-style-type: none"> <li>Will hold first tobacco-focused summit at Prime Hotel in SeaTac, June 8-9, concentrating on youth and media, expecting about 80 people. There will be a national speaker and facilitator, Alejandro [last name].</li> <li>There is a gradual, growing connection between Latino groups of different counties, getting funded, similar workplans; local counties, educational systems, coalitions coming together.</li> <li>Paul was at Clark County coalition and said they seemed experienced, didn't seem like outsiders.</li> </ul> <p>African American: Dave Harrelson</p> <ul style="list-style-type: none"> <li>Looking at brief interventions, hooking up with Black churches. Community oriented approach rather than doing it in a health care setting</li> <li>Nancy Meyer—It's not really a brief intervention, it's just using effective models to address issues on a one-to-one level.</li> </ul> <p>Urban Indian group: Nichole Hildebrandt</p> <ul style="list-style-type: none"> <li>Slow start, but doing well now, reaching out to Nancy and Spokane. Also working with the Seattle Indian Health Board.</li> <li>Focus on youth</li> <li>There's a large number of tribes so it's a challenge to devise things that work for them all.</li> <li>Making connections that didn't exist before, there were doubts at first about doing urban inter-tribal work but it worked this time.</li> </ul> <p>LGBT group: Mary Dziewczynski, disparities contractor for LGBT community</p> <ul style="list-style-type: none"> <li>We have a two-pronged contract <ul style="list-style-type: none"> <li>--Technical assistance to all contractors</li> <li>--Building capacity within LGBT communities</li> </ul> </li> <li>"Out to Quit" 10-week tobacco cessation group. Adapted "The Last Drag"</li> </ul>	
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	<p>curriculum for California. Going to modify it this time, increase the motivational interview part. The quit rate is high, have built synergy in the community. Gay City, Verbena's male counterpart, is replicating it.</p> <ul style="list-style-type: none"> <li>• We do transgender stuff together with Gay City</li> <li>• Twice a month we have smoke-free events at bars, which are an important gathering place for our community. Once a month at two different bars. At the Wildrose we have a photography exhibit, Visions &amp; Voice, featuring pictures of people with cancer surgery scars. Most nights the bar is full of smoke. Little funding, so the pictures were taken one or two subjects at a time, slowly.</li> <li>• Outreach to healthcare providers who work w/LGBT</li> <li>• Working with counseling services for sexual minorities; counseling services were previously hands-off about tobacco</li> <li>• Collaborated with Public Health – Seattle/King County</li> <li>• Finished a CD-ROM resource for contractors, an assessment of resources, listing tobacco programs</li> <li>• Technical assistance requests: went to Spokane, Yakima, Clark County</li> <li>• Cross-cultural leadership training</li> <li>• Hard to get people interested in tobacco prevention and cessation in our community. Up to 75% of LGBT youth smoke. Some young people are getting charged about it from a social justice standpoint.</li> <li>• Strategic plan identified 3 priority populations: LGBT people of color, transgendered people, and youth.</li> <li>• Crafted community action plans with groups that otherwise wouldn't get attention.</li> <li>• Gay City – Media campaign with BRFSS stuff, because LGBT people don't usually care about tobacco—challenge people to not to accept tobacco money.</li> <li>• Rainbow Center in Tacoma. Transgendered people especially.</li> <li>• Oasis in Tacoma—"Queers Kick Ass" program</li> <li>• Stonewall Youth in Olympia—Understanding your sexuality and tobacco</li> <li>• Entre Hermanos, Latino LGBT group in Seattle—BTIS[?] training with a pageant. HIV training and Tobacco 101.</li> <li>• GMMB – a PR company—Bend It arts extravaganza, youth event. One leader has taken on tobacco, will have tobacco intervention there</li> <li>• Verbena Softball team – Tobacco training for all the players, which is good for the league (many lesbian softball players smoke)</li> <li>• National stuff</li> </ul> <p>API group: Elaine Ishihara, API Coalition Against Tobacco</p> <ul style="list-style-type: none"> <li>• 25 member organizations, most from Pierce &amp; King Counties and a few more. We meet once a month in Federal Way.</li> <li>• strategic plan</li> <li>• this year we're dedicating a lot of grants to community groups including some</li> </ul>	
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	<p>that have not done tobacco work before. Had a bidders conference where people were taught steps for writing grants, budgets, etc. Of 11 applicants, 9 were funded, including</p> <ul style="list-style-type: none"> <li>--My Service Mind (Mandy Ma's org.)</li> <li>--ECOSS (Environmental Coalition of South Seattle)</li> <li>--a Vietnamese Buddhist temple</li> <li>--a smoke-free hiphop show that attracted 250-300 youth.</li> </ul> <ul style="list-style-type: none"> <li>• support to fellows who attended the Leadership Institute to do things in their communities <ul style="list-style-type: none"> <li>--Cambodian communities</li> <li>--Chinese language schools</li> <li>--A Samoan minister</li> </ul> </li> <li>• Mini-grant recipients and fellows will gather in July to celebrate and share</li> <li>• Focus on youth is challenging. Success in organizing activities but forming an ongoing coalition has been challenging. Have identified about 20 youth from different organizations.</li> <li>• We started at first with funds from DOH, records assessment, and have a great person, Nadine Chan who worked with Clarence Spigner and goes to things like the hiphop show to do surveys of youth</li> <li>• Gathering information</li> <li>• Policy forums off-session with policy-makers</li> <li>• Thurston County: had a fellow, Dr. Vu, from Thurston County—we did a presentation which started work there with technical assistance, key informant interviews, needs assessment, etc.</li> <li>• Working with Leslie Benoit in Yakima and the API community there.</li> </ul> <ul style="list-style-type: none"> <li>• The Coalition for Healthy Communities has put together a briefing paper on how to collectively protect MSA funds</li> </ul> <p>DOH is contracting with Ira's organization to prepare a quarterly bulletin on the tobacco program's disparities activities, including reports on what the five disparities contractors are working on.</p> <p>DOH does not require its county and ESD contractors to spend a specific amount of their funds on activities to address disparities. However, through contract management, it does remind its contractors to plan activities according to tobacco use data for their populations. If data indicates rates are high, then contractor plans should dedicate resources to this concern. It also has required that all of its contractors attend either cultural competency or community competency training provided by the Tobacco Prevention Resource Center. At the state level, TDAC needs to help DOH establish priorities for its disparities work</p>	
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	<p>TDAC Member expressed concern about the relationship between the disparities contractors and some county contractors. DOH indicated this should go to IAC (Implementation Advisory Committee) for discussion. DOH expressed that this goes beyond tobacco. Its clear work needs to be done in the public health system around cultural competence and how to form relationships/partnerships with diverse communities. DOH is working on this but expressed that <b>requiring</b> these relationships through contract was not effective. Some of this depends on the capacity of the county and/or ESD contractor. The greater the capacity, the less likely they are to feel a need to share resources. TDAC members expressed that some county contractors seem to feel that now that the disparities contractors have state funding, they don't need to work in these five communities. DOH doesn't agree with this, and agreed to work on changing this approach by sharing examples of how why it is important for county, ESD, tribal and disparities contractors to work together. Local health departments are locally controlled, not by DOH. DOH would like to discuss ways of establishing and fostering collaboration to address disparities at a future meeting.</p> <p>TDAC members expressed concern that DOH's approach to the progress report and its response to issues brought up during the meeting were defensive and dismissive. Some TDAC members felt DOH closed down conversations rather than acknowledging and exploring them. They felt the progress report did not sufficiently emphasize the 'work to be done', most of which needs to be done in underserved communities, giving the impression the tobacco problem is solved and funding can be reduced.</p> <p><i>Handouts: none</i></p>	
<p><b>Discussion: Strategies for Creating a More Diverse Workforce</b> Ira SenGupta</p>	<p>Due to lack of time, this issue was tabled until the next TDAC meeting.</p>	<p>Consider placing this on the agenda for the next TDAC meeting</p>
	<p><u>Next meeting</u> To be announced, possibly August 5, 2005. <b>Will be held August 31</b></p> <p><i>Handouts: none</i></p>	<p>Arrange date for next meeting through email with all TDAC members.</p>